

2015 OUTSIDE CONTRACTORS LICENSE APPLICATION **2015**

City of Salem, Virginia

Commissioner of the Revenue

114 N Broad Street □ P O Box 869 □ Salem, VA 24153

Phone (540) 375-3019 Fax (540) 375-3048

skuzmich@salemva.gov

OWNER OR CORP NAME: _____

TRADE NAME OF BUSINESS: _____

FEDERAL ID #: _____ OWNER'S SOCIAL SECURITY #: _____

CORP REG AGENT NAME & ADDRESS: _____

STATE CONTRACTORS LICENSE #: _____ VA SALES TAX #: _____

CORP PHONE #: _____ LOCAL CONTACT PHONE #: _____

FAX #: _____ EMAIL: _____

MAILING ADDRESS OF BUSINESS: _____

COUNTY/CITY/STATE PRIMARY BUS LICENSE ISSUED: _____

SALEM JOB LOCATION: _____

AMOUNT OF SALEM CONTRACT: \$ _____ EST. COMPLETION DATE: _____

LIST OF SUBCONTRACTORS USED IN SALEM JOB (NAMES AND ADDRESSES):

TOTAL LICENSE FEE DUE: \$ _____ X .0016 = \$ _____
Contract Amount Tax Rate Total Amount Due

SIGNATURE: _____ DATE: _____

Salem City tax rate for Contractors is \$30 for the first \$18,750 in gross receipts plus .16 per \$100 excess

MAKE CHECKS PAYABLE TO: CITY OF SALEM